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OBJETIVOS: O objetivo da investigação é comparar a qualidade de vida (QOL) de pessoas portadoras de doenças crónicas com diagnóstico superior a três anos, com pessoas da comunidade sem doença, do mesmo grupo etário e género. **MÉTODOS:** Participam 603 indivíduos com 41,19 anos de idade média, escolaridade média de 9,87 anos, 72,5% mulheres, portadores de uma das seguintes doenças crónicas: epilepsia, diabetes tipo 1 e 2, cancro, miastenia gravis, esclerose múltipla, obesidade mórbida, com diagnóstico há mais de 3 anos. Depois de satisfazer as exigências éticas expressas nos códigos e na lei, avaliamos as seguintes variáveis: componentes, mental e físico, do MOS SF-36. O procedimento consistiu em subtrair o valor de cada componente da população sem doença ao da população com doença. **RESULTADOS:** No total, 28% da população com doença reportava qualidade de vida superior à dos seus contrapartes sem doença. Estes valores variavam de modo estatisticamente significativo entre doenças ($\chi^2=0,002$) com, respectivamente 10% dos participantes com miastenia gravis reportando QOL superior, 35,8% no cancro, 23,4% na obesidade mórbida, 43% na epilepsia, 22% na esclerose múltipla, 20% na diabetes tipo 2 e 32,5% na diabetes tipo 1. **CONCLUSÕES:** Os resultados mostram que uma percentagem significativa de pessoas com doenças crónicas, controladas e estabilizadas, vive com QOL superior à dos seus pares sem doença, embora esses valores variem substancialmente com a doença. A idade não se correlaciona de modo estatisticamente significativo com a diferença entre os grupos, para a componente mental e de modo estatisticamente significativo embora baixo ($r=0,14$) para o componente físico: os grupos com idade mais jovem como a diabetes tipo 1 e epilepsia mostram uma maior percentagem de pessoas com melhor QOL, mas os com cancro exibem uma média de idade média mais elevada e a esclerose múltipla idade mais baixa

PHP25

VALIDITY AND RELIABILITY OF INSTRUMENTS USED FOR MEASURING PATIENT SATISFACTION WITH PHARMACEUTICAL CARE SERVICES

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OBJECTIVES: Patient satisfaction is an important patient reported outcome (PRO) that is being used to document the impact of pharmacists' clinical services, especially in managing patients with chronic conditions. The purpose of this study was to review literature on the validity and reliability of published instruments that have been used to measure patient satisfaction with pharmaceutical care in the community setting. **METHODS:** A structured search was conducted in five databases (PUBMED, EMBASE, MEDLINE, PsycINFO, and OVID (1998–Feb. 2011) using keywords to identify studies that measured patient satisfaction with pharmaceutical care using survey instruments. Studies conducted outside United States, those which used non-English language questionnaire; abstracts from conferences, reviews, letters or notes were excluded. Studies reporting patient satisfaction results and/or psychometric properties were included. **RESULTS:** A total of 21 studies were identified that met the selection criteria. The pharmacy practice setting, sample size, study design in evaluating patient satisfaction varied greatly. The survey instruments differed in number of items, response scale and mode of administration. Majority of survey instrument were administered by mail. The response rate varied from relatively low to very high. Patient satisfaction was a secondary outcome in most of these studies. Majority of the studies used self developed, non-validated or modified instrument with items from preexisting instruments. Only few studies reported psychometric properties of the instrument used. Inconsistency in use of instrument measuring patient satisfaction was observed. In general, studies reviewed showed greater degree of overall patient satisfaction with the services. **CONCLUSIONS:** In majority of studies patient satisfaction was measured using non-validated instruments. There is a lack of comprehensive, valid and reliable instrument for assessing patient satisfaction with pharmaceutical care services in community setting. Use of a standardized survey instrument, sampling and study design will provide valuable insight into patient evaluation of pharmacist services.

PHP26

A SATISFAÇÃO DOS PROFISSIONAIS DE SAÚDE VS A SATISFAÇÃO DOS UTENTES EM UNIDADES DE CUIDADOS CONTINUADOS

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OBJETIVOS: Esta investigação teve como objetivo identificar o nível de satisfação dos profissionais e dos utentes de unidades de cuidados continuados, a sua diferença, avaliar e identificar a influência de algumas variáveis. **MÉTODOS:** A metodologia utilizada foi quantitativa, descritiva e exploratória. O questionário foi composto por duas partes, questionário de Luís Graça e EORTC IN-PATSAT32, respectivamente. **RESULTADOS:** A amostra foi constituída por 41 profissionais e 30 utentes. Os resultados encontrados mostraram a consistência de 7 das 18 hipóteses formuladas. Os profissionais estavam mais satisfeitos com as dimensões “geral” e “condições de trabalho”, apresentando menor nível de satisfação profissional com a dimensão “salário”. Ao nível de satisfação dos utentes/clientes, estes estavam mais satisfeitos com a dimensão “satisfação com os enfermeiros”, apresentando menor nível de satisfação com a dimensão “satisfação com os médicos”. **CONCLUSÕES:** Os dados confirmam a existência de correlação entre as dimensões salário, tipo de vínculo, actividade profissional e estado civil com a satisfação profissional relativamente aos profissionais de saúde, relativamente aos utentes/clientes os dados confirmam a existência de correlação entre as dimensões “organização do serviço e cuidados”, “enfermeiros” e “serviço hospitalar de onde teve

alta” com a satisfação dos utentes/clientes, no que respeita ao serviço hospitalar de onde teve alta, esta avaliação é algo de inovador. Salienta-se o facto de os utentes/clientes e os profissionais de saúde se encontrarem na sua maioria satisfeitos, a satisfação profissional, ao contrário da satisfação dos utentes/clientes, varia em função da instituição. Será recomendável que as administrações monitorizem frequentemente a satisfação, quer dos profissionais, quer dos utentes, no sentido de ter um constante feedback, tendo conhecimento das dimensões em que há uma maior satisfação ou insatisfação, tendo assim a possibilidade de apurar/estudar alternativas para intervir no sentido de proporcionar uma maior satisfação, uma vez que a satisfação é um dos principais pontos para o sucesso de uma organização.

PHP27

THE ECONOMIC BENEFITS OF IMPLEMENTING A UNIT DOSE DRUG DISPENSING SYSTEM AT THE HOSPITAL LEVEL IN THE MEXICAN INSTITUTE OF SOCIAL SECURITY (IMSS)

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OBJECTIVES: In Mexico, two pilot studies in public hospitals assessed the economic benefit of changing from a traditional, or ward stock, drug dispensing system to a unit dose drug dispensing system. The aim of this study is to estimate the total drug savings derived from implementing a unit dose system among hospitals at IMSS. **METHODS:** Total and average hospital drug expenditures were estimated based on hospital drug prescriptions data base for 2009. Statistical analysis was performed to test for expenditure differences among levels of health care. The percentages of economic savings derived from previous studies were used to construct three economic benefit scenarios. These were applied to the total hospital drug expenditure. The baseline scenario was obtained from studies in Mexico that reported economic savings of 40%. A minimum and maximum scenario of 14.4% and 67.7% were obtained from international studies. The exchange rate was of \$12.10 pesos per dollar. **RESULTS:** The total hospital drug expenditure was of USD \$499.3 millions. Most of the expenditure was derived from hospitals of general and specialized level of care. Average expenditure and drug prescription dispensed were statistically higher in the specialized compared to general hospitals ($p=0.0002$ and $p=0.00009$, respectively). The total economic drug savings from the baseline scenario considering all hospitals was of USD\$199.7 millions. In the maximum and minimum scenarios, the economic savings were of USD\$334.5 millions and USD\$71.9 millions respectively. On average savings were higher on specialized than in general hospitals. **CONCLUSIONS:** The estimated economic benefits, derived from implementing a unit drug dispensing system in hospitals at IMSS, was equivalent to 7.9% of the 2009 institutional budget expenditure for medical related spending in the baseline scenario. This suggests that this system can contribute to the containment of costs and the rational use of medicines on behalf of the patients and institutions.

PHP28

DECENTRALISATION OF HEALTH SERVICES PLANNING AND MANAGEMENT: THE VARYING PERSPECTIVES OF HEALTH WORKERS AND COMMUNITY MEMBERS AT NANUMBA NORTH DISTRICT, GHANA

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OBJECTIVES: To assesses the extent of varying perspectives between health workers and community members' perception of decentralization and how such variation in views could affect the effective health services planning and management in the Nantumba North District, Ghana. **METHODS:** A descriptive analytical cross sectional survey with randomly selected community members aged 18 or more years and health staff was undertaken from May – September 2009. Data collection was done with the use of questionnaire and interview guide administered by university trained research assistants to 186 respondents; 120 community members, 66 health staff who had stayed or worked in the district for the past 6-12months. Data was analysed into descriptive statistics using the Statistical Package for Social Sciences (SPSS) version 15.0. The significance or otherwise of the differences in perspectives was ascertained using chi-square or fishers exact test with p-values of 0.05 or less and at 95% confidence interval. The study had ethical clearance and Informed consent was sought from respondents. **RESULTS:** A majority of health workers were females 74.2%, and young with average of 31.5yrs (SD, 9.3) and had worked for <5yrs, 56.1%. Community members, 47.5%, were equally quite young but slightly older, mean years 34.8, (SD 8.4), than health staff, and had lived in the community for <5yrs. There was significant differences in perception between health staff of whether or not the district management team (DHMT) was decentralised, $p<0.05$, and in perception regarding health planning process and management of finances between health staff and community members, $p<0.05$. **CONCLUSIONS:** Differences in perception between health staff and community members partly account for low community involvement in health planning and management, health activities and utilisation of health service. A study involving many DHMTs will be needed to make a case for policy change as the study focused on only one district.

PHP29

PREDICTORS OF APPROPRIATE USE OF INSECTICIDE TREATED NETS IN AN URBAN COMMUNITY: THE CASE OF ASOKWA SUB-METROPOLITAN AREA, KUMASI, ASHANTI, GHANA

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OBJECTIVES: To assesses the predictors of appropriate use of insecticides treated nets (ITNs) in the Asokwa Sub-Metropolitan Area of Kumasi, Ashanti, Ghana. **METHODS:** The research was conducted in five communities in the Asokwa Sub-